

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/04/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150017		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/17/2011	
NAME OF PROVIDER OR SUPPLIER LUTHERAN HOSPITAL OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 7950 W JEFFERSON BLVD FORT WAYNE, IN46804			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S0000	<p>The visit was for investigation of a State hospital complaint.</p> <p>Complaint Number: IN 00082608</p> <p>Unsubstantiated: Deficiencies cited unrelated to the allegations.</p> <p>Date: 08/17/11 and 08/18/11</p> <p>Facility Number: 005016</p> <p>Surveyor: Brian Montgomery, RN, BSN Public Health Nurse Surveyor</p> <p>QA: cloughlin 09/15/11</p>			S0000			
S0294	<p>410 IAC 15-1.4-1 (c)</p> <p>(c) The governing board is responsible for managing the hospital. Based on document review and interview, the facility failed to ensure the policy Patients Wishing to Leave Against Medical Advice (AMA) was followed for 1 of 6 patients (#26) medical records reviewed.</p>			S0294	<p>The Chief Nursing Officer will revise the Hospital's policy "Patients Wishing to Leave Against Medical Advice" omitting the requirements that an incident report be completed on all patients leaving against medical advice. The Chief Nursing Officer will require inservicing of all</p>		10/16/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Findings:</p> <ol style="list-style-type: none"> 1. The policy/procedure Patients Wishing to Leave Against Medical Advice (reviewed 10-09) indicated the following; Documentation: A. Variance Report ... [and] ...Nurse 's Treatment and Progress Record ... Patient informed of Risks involved. 2. On 08-18-11 at 0900 hours, staff #A2 was requested to provide documentation of an Incident or Variance Report involving patient #26 and no documentation was provided prior to exit. 3. On 08-18-11 at 0935 hours, Staff #A2 indicated no Variance Report involving patient #26 was found during a review of administrative documents. 4. The medical record for patient #26 failed to indicate that the patient was informed of risks involved if the patient leaves the hospital against medical advice. 5. During an interview on 08-19-11 at 1300 hours, staff #A6 confirmed that they 				<p>nursing staff on the documentation requirement that on all patients leaving against medical advice (AMA) staff are required to document that the patient has been informed of the risks of leaving AMA. An audit will be conducted by the Administrative Director of Nursing Services with 30 days of the inservice to determine compliance with policy. Audit results will be reported to Nursing Quality Council and the hospital Quality Council.</p>		

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S0712	<p>had not completed a Variance Report when patient #26 left AMA on 11-18-110 and that the medical record lacked documentation the patient was informed of risks if they left AMA.</p> <p>410 IAC 15-1.5-4 (c)(1)</p> <p>(c) An adequate medical record shall be maintained with documentation of service rendered for each individual who is evaluated or treated as follows:</p> <p>(1) Medical records are documented accurately and in a timely manner, are readily accessible, and permit prompt retrieval of information.</p> <p>Based on document review and interview, the facility failed to ensure the policy Patients Wishing to Leave Against Medical Advice (AMA) was followed for 1 of 6 patients (#26) medical records reviewed.</p> <p>Findings:</p> <p>1. The policy/procedure Patients Wishing to Leave Against Medical Advice (reviewed 10-09) indicated the following requirement under Documentation; Nurse's Treatment and Progress Record ... Patient informed of Risks involved.</p> <p>2. The medical record for patient #26 failed to indicate that the patient was informed of risks</p>			S0712	<p>The Chief Nursing Officer will require inservicing of all nursing staff regarding the documentation that patients leaving against medical advice are informed of the risks if they leave AMA. An audit will be conducted by Administrative Director of Nursing within 60 days of the inservice to determine compliance with the hospital policy. Audit results will be reported to Nursing Quality Council and the Hospital Quality Council.</p>		10/16/2011

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	involved if the patient left the hospital against medical advice. 3. During an interview on 08-19-11 at 1300 hours, staff #A6 confirmed that the medical record lacked documentation the patient was informed of risks if they left AMA.						